



ADVANCED
DENTAL CARE
of East Texas

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICE

I, _____, have received a copy of this office's
Print Name Notice of Privacy Practices.

(SIGN)

(DATE)

If there is any person or persons you would like to share your dental history or treatment with, please print their name and relationship on the line(s) below:

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

For Office Use Only. We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained due to:

- Individual refused to sign.*
- Communications barriers prohibited obtaining the acknowledgement*
- An emergency situation prevented us from obtaining acknowledgement*
- Other (Please specify)*